

### HB 1260

## Agenda



- □ Reviewing the timeline
- Accessing the form
- Completing the form
- Answering questions

## Reviewing the Timeline



HEA 1260 Compliance Timeline				
12/31/2011	Schools file 1st report of their costs.			
2012	Employer's cost for plans beginning in 2012 should not exceed the State plan costs by 12%.			
12/31/2012	Schools file 2 <sup>nd</sup> report of their costs.			
2/14/2013	(or 45 days after renewal) those with employer costs exceeding the State's cost by greater than 12% submit plan to achieve compliance.			
12/31/2014	Schools file 4 <sup>th</sup> report of their costs			
1/1/2015	(or end of school's current plan year) non-compliant school enrolls in the State plans.			

If a school had a collective bargaining agreement in effect on 7/01/11 and its costs exceed the State's by more than 12%, then the school must become compliant when the collective bargaining agreement expires or when any provision of the agreement is reopened and changed; but, no earlier than the timeline above.

### Accessing the Form

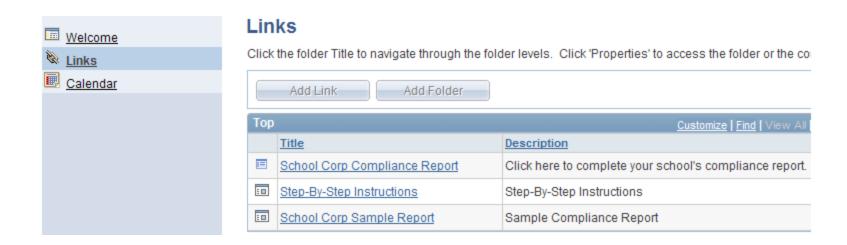


- You may access the form and instructions on our Indiana School Corporations website <a href="http://www.in.gov/spd/2589.htm">http://www.in.gov/spd/2589.htm</a>
- Click the School Corporation Workspace
- Login in using the credentials that were sent to the School Corporation's Superintendent
- Login trouble? Email <u>BenefitingSchools@spd.in.gov</u>

## Accessing the Form



- Bring up the Report under the Links menu.
- Notice here you may also view the State Sample.



After accessing report, add your School ID



Begin by entering and saving your contact information. This should be the person completing the form.

Contact Information:	
Contact Email Address:	
Contact Phone Number:	
	Save Contact



Input your medical plan information. Click "+" to include additional plans.

Medical Plan Information		<u>Find</u>	View All First 🗖 1 of 1	
*Name of Medical Plan:  *Type of Medical Plan:  *Plan Year (e.g. 09/01/2011 - 08/31/2012):		*Start: *End:		Ħ <b>=</b>
*Insurance Type:				
	No. of Enrollees	<b>Annual Employer Contribution</b>	Total Annual Cost	
Employee Only Coverage:			\$0.00	
Employee + 1:			\$0.00	
Employee + Spouse:			\$0.00	
Employee + Spouse + 1:			\$0.00	
Family:			\$0.00	
		Total Employer Plan Cost:	\$0.00	
			Update Section 3	



### Frequently Asked Question

Q: What if my School has different employee rates per employee group?



#### Frequently Asked Question

A: Break this down on the form by adding a new "chart" for each employee group

#### Example:

Chart 1 – Plan A, teachers

Chart 2 – Plan A, administrators

Chart 3 – Plan B, teachers

Etc...



- Once all your medical plans have been entered make sure you click Update Section 3 so the data will carry over to the next Section.
- In Section 3, Questions 7, 8, 11, and 12 calculate automatically based on the data you have provided
- After answering all questions you will instantly see your results and how it compares with the State.



- You may save your work and revisit the form to edit at any time.
- If you revisit the form at a later time and make changes to Section 2 you must click Update Section 3.
- Once you click Save and Submit your information is submitted and you cannot go back in and edit. <u>Be</u>
   <u>sure your information is correct before hitting submit.</u>
- You will receive an email confirmation after you submit

### Questions



□ Any questions?

### Thank You



If you have questions after today please contact the State Personnel Benefits Division

- Email: <u>BenefitingSchools@spd.in.gov</u>
- □ Toll free: (877) 248-0007
- Local (Indianapolis): (317) 232-1167